



**CITY OF LAS VEGAS
DEPARTMENT OF BUILDING & SAFETY
PERMIT APPLICATION**

BAR CODE HERE

28930 -

TYPE OR PRINT (BLACK INK ONLY)

Project # 179569-C-11

Parent Project # 119565-

FOR: Commercial & Public Structures Single Family Residence

WORK DESCRIPTION: Rev. Major Struc. Dtls.

PERMITS REQUESTED: Building Mechanical Val _____
 Plumbing Val _____ Electrical Val _____

TOTAL VALUATION: \$ _____

ADDRESS: 300 STEWART. AVE ZIP _____

OWNER/BUILDER NAME: _____

CONTRACTOR: APCO CONSTRUCTION

PROJECT/BUSINESS NAME: _____

CONTACT PHONE NO.: 469-2701 CONTACT FAX NO.: _____

STATE CONTRACTOR LICENSE NO.: _____ CITY BUSINESS LICENSE NO.: _____

PARCEL NO.: _____ ZONE: _____

LOT(s): _____ BLOCK: _____ SUBDIVISION: _____

OCCUPANCY GROUP: _____ USE: _____ CONST. TYPE: _____

SQUARE FT OF FLOOR AREAS: 1st _____ 2nd _____ 3rd _____ Garage _____

Patio _____ Balcony _____ Total _____ No. of Units _____ No. of Stories _____

SPECIAL CONDITIONS: _____

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this permit.

[Signature]
Contractor/Agent / Owner

27/11
Date

Planning Department

Date

Land Development/Flood Control Engr.

Date

Fire Department

Date

[Signature]
Building Department

Date

TOTAL PERMIT FEE: \$

243 00

PRE-PAID: Plan Review \$ _____

**Permit Expires 180 Days After
Abandonment of Work**

PRE-PAID: Zoning \$ _____

Permits expire when no inspection has been requested for any
180-day period after the permit has been issued.

TOTAL \$ _____



179569

BUILDING & SAFETY TRANSFER MEMORANDUM

PAID

FEB 07 2011

Development Service Center
Ref # 162035
8/2011

DATE: February 3, 2011

TO: Jessica Laramendy, Department of Building and Safety

FROM: Samuel Tolman

CC: Rod Clark, Billie Jo Berlin, File, Patty Braganza, Erik Singman, David Bratcher, Jerry Davis, O'Connor, Chas Reinhold, David Bratcher, Dena Williams

RE: LV Museum Rehabilitation Building Permit Fees

Project Name: LV Museum Rehabilitation

Project Name from the Project Initiator Box #1.

Project Address: 300 Stewart Ave

Project address from the Building and Safety permit status screen.

Plan Check Number: Revision to Permit AP #179569

Parent 28930-C-08 Original permit

Building and Safety plan check number.

Servicer Org Number: 40511

SERVICER ORG. from the upper portion of Box #10 on the Project Initiator.

This is the org number of your project's funding source, for example, 40521 is the Park S fund org number. Do not use our section's org number 15341, nor your client such as Neighborhood Services' org number, nor the Requestor org number from the P.I., nor the Servicer org number from the lower half of Box #10. (If Finance leaves the upper portion of Box #10 empty and provides the only Servicer Org of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.) Do not use a number that ends in 0.

Account Number: 810705 Building Remodel/Addition

From the City's chart of accounts: 810205 for new or rehab Parks, 810605 for new Building construction, 810705 for Building remodels or additions.

Work Authorization Number: WU7608

The W/A NO. from the upper portion of Box #10 on the Project Initiator. (If Finance leaves the upper portion of Box #10 empty and provides the only W/A NO. of the P.I. on the "All Costs Other than Internal Labor" line at the bottom of Box #10, use that number.)

Revision to Building Permit: \$243.00

From the Building and Safety permit status screen, or as provided by B&S by email or phone when the permit is ready.

Authorizing Individual: Samuel Tolman
OAS Project Manager's name.

Funding Department: Leisure Services

Public Works, Neighborhood Services, Detention & Enforcement, Fire, etc. If multiple departments, list the department that controls the fund this transfer is drawn from.

Occupying/Programming/Operating Department: Leisure Services

Leisure Services, Detention & Enforcement, Fire, etc. If multiple departments, list primary only.

This memo shall serve as the required request from the responsible Department to issue the building permit for City property.

Thank you.

DEPARTMENT OF
PUBLIC WORKS

OAS

OFFICE OF
ARCHITECTURAL
SERVICES

400 STEWART AVENUE
LAS VEGAS, NEVADA 89101

TELEPHONE: (702) 229-6535
FAX: (702) 382-3232
TDD: (702) 386-9108

www.lasvegasnevada.gov

179569

City of Las Vegas
Development Services Center
731 South Fourth Street
Las Vegas, NV 89101

02/07/2011 09:09 Trn 162035
Cashier 890381

BLDG Permit # 179569 \$243.00

Subtotal	\$243.00
Tax	\$0.00
Total	\$243.00

Received MISC \$243.00
CITY 040511810705
Charge \$0.00

For questions related to this receipt call
702-229-6251



CONTACT SHEET

All plan submittals shall include this form.

Call Brian Benson at (702) 469-2701 when plans are ready. (REQUIRED)

FAX # _____ E-MAIL Henson@agcreconstruction.com

Application # 179569-C-11 PC # _____

OWNER / DEVELOPER (REQUIRED FIELD) <u>CLV</u>		PHONE
		E-MAIL
ADDRESS <u>300 Stoma</u> ZIP <u>89101</u>		FAX
TENANT OPERATOR (REQUIRED FIELD)		PHONE
		E-MAIL
ADDRESS ZIP		FAX
ARCHITECT		PHONE
		E-MAIL
ADDRESS ZIP		FAX
STRUCTURAL ENGINEER <u>Forrester/Shea/bs</u>		PHONE <u>702 829-9277</u>
ADDRESS <u>185 Corralae Place Reno, NV 89504</u> ZIP		E-MAIL
		FAX <u>702-829-9359</u>
CONTRACTOR <u>AGC</u> <u>CONTRACTOR</u>		PHONE <u>702-829-9277</u>
ADDRESS <u>300 Stoma</u> ZIP <u>89101</u>		FAX/E-MAIL <u>702-829-9277</u>
ELECTRICAL ENGINEER / CONTRACTOR		PHONE
ADDRESS ZIP		FAX/E-MAIL
MECHANICAL ENGINEER / CONTRACTOR		PHONE
ADDRESS ZIP		FAX
CIVIL ENGINEER		PHONE
ADDRESS ZIP		E-MAIL
		FAX
PLUMBING ENGINEERING / CONTRACTOR		PHONE
ADDRESS ZIP		FAX/E-MAIL

BUILDING & SAFETY

DEVELOPMENT
SERVICES CENTER

DSC, Permits Division
731 South 4th Street
Las Vegas NV 89101
702-229-6251
702-474-7369 FAX
8AM to 5PM on Mon/Tue/Thu/Fri
8:30AM to 5PM on Wed

PLAN READY
NOTICE

SACM FAX

Total Fees Due: 243.00

Date: 2/2/2011

FAX 366-9537

To: APCO CONSTRUCTION
Re: AP# 179569 REVISIONS
CITY OF LAS VEGAS MUSEUM

ADMIN
PLAN CHECK
REVISION

Fee Breakdown

53.00
96.00
94.00

Building & Safety Fees Due: 243.00

RFI - NC R's

Fax
SACM - Funds
Email Transfer
Needed (our scanner
not working)

Your plans are ready to be picked-up. Please pull a ticket to see a
payable to the City of Las Vegas. MasterCard, Visa, and Discover
you have any questions, please call the number above.

When picking-up a permit:

Licensed contractors must provide their:

- pre-printed company check or company credit card (company name must match license); **or**
- if paying by any other means*, original Nevada State Contractors' Board card; **or**
- if applicable*, authorized designee with a letter on company letterhead, signed by a principal of their company, specifically listing their designee's name, check number, and check amount.

Owner builders must provide their:

- proof of ownership (i.e., copy of deed to project property); **and**
- completed Nevada State Contractors' Board Owner Builder Affidavit of Exemption form; **and**
- if applicable*, authorized designee with a notarized letter, signed by the property owner, specifically listing their designee's name and their permission to pick-up their permit.

**Photo ID is required
with all in-person transactions.**

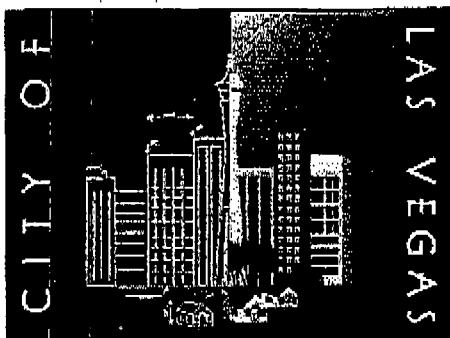
Cashiers Close at 4:30 PM.

TRANSMISSION VERIFICATION REPORT

TIME : 02/02/2011 10:35
NAME :
FAX :
TEL :
SER. # : BROJ6J530588

DATE, TIME	02/02 10:34
FAX NO./NAME	3669537
DURATION	00:00:14
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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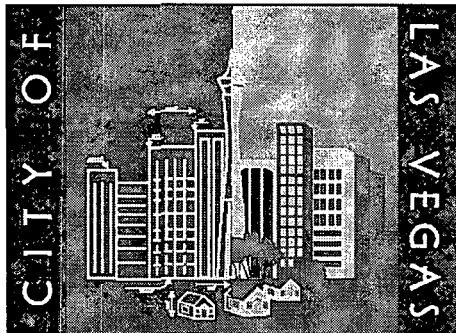
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